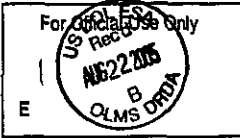


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 214-581 10512	2 Fiscal Year Covered From 7 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Thomas E Oswald P O Box Bldg Room No if any Street 860 1st Ave City Baldwin State WI ZIP Code + 4 54002	4 Name file number and address of labor organization Name UFCW Local 789 Labor Organization File Number C14-221 P O Box Building and Room Number If any Street 266 Howard Ave N City 50 St Paul State Mn ZIP Code + 4 55025
5 Position in labor organization Union Rep	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name If any) Name Trade Name If any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed	On 7-14-05 Date	715-684-3186 Telephone Number

Name of Person Filing	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Wilson Mesheane Corp
 Trade Name if any _____
 P O Box Bldg Room No if any _____
 Street 3001 Metro Dr Suite 500
 City Bloomington
 State Mn ZIP Code + 4 55425

9 Business deals with

- ☐ a Labor Organization
☒ b Trust
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name UFCW 789 St Paul Employer Health Care Plan
 Trade Name if any _____
 P O Box Bldg Room No if any _____
 Street 3001 Metro Dr Suite 500
 City Bloomington
 State Mn ZIP Code + 4 55425

11 a Nature of such dealing

Multi-Employer Health and Welfare Fund

11 b Approximate dollar value of such dealing

\$0.00

12 a Nature of interest held or income received

Reimbursement of trustee Educational Expenses

12 b Amount

\$5419.24

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name _____
 Trade Name if any _____
 P O Box Bldg Room No if any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

14 a Nature of payment

13 b Is the Business an Employer ☐

or Consultant ☐ ?

14 b Amount of payment
